

# Criteria, Submission Requirements, & Process

*Open to general and referral practices*



Practice of the Year

The AAHA-Accredited Practice of the Year Awards recognize the outstanding achievements of AAHA-accredited practice teams.

## Eligibility

Open to all AAHA-accredited and AAHA-accredited referral practices that have been in business at least two years prior to application. Practices that received an award in 2020 are not eligible to reapply until 2023.

## Deadline and Process

Materials Due: April 30th, 2021

Application Fee: \$100

Send materials to [apoy@aaha.org](mailto:apoy@aaha.org) with "Attn: Awards Committee" in your email subject line.

**Questions? Contact:** 800-252-2242 or [aaha@aaha.org](mailto:aaha@aaha.org)

## Supplemental Materials

Supplemental materials will not be accepted once the application has been submitted. AAHA reserves the right to select a group of semifinalists and request additional information that will become part of the selection process.

## Finalist and Award Announcements

Finalists will be notified (without indication of award placement) by July 30th, 2021, and encouraged to attend Connexity, where the winners will be announced and awards presented. Winning practices will be featured in AAHA publications and will receive public relations materials for the practice to use for local and national media opportunities.

Please note: If you are selected as a finalist, you will be asked to submit a video (maximum length: 2 minutes) showcasing your AAHA accreditation. We encourage you to be creative in introducing your team, your community, and what AAHA accreditation means to you. Visit [aaha.org/awards](http://aaha.org/awards) for video examples. A large budget and high-quality production value are not necessary.

## Accreditation Score

The score received on the practice's most recent evaluation will be a major criterion for this award program. Because AAHA strongly believes that the AAHA standards and accreditation process should serve as a method of continuous practice improvement rather than a matter of scoring the most points, a practice's ranking among all members will not be revealed.

**Please do not submit any documentation related to your evaluation; AAHA has your scores on record.**

## Submission Requirements *(Parts A, B, and C must be included, as applicable.)*

### 1. Culture

- A. Describe what a healthy workplace culture means to your practice in 500 words or less.
- B. Explain what has been implemented in the last 12–24 months to improve your practice culture.

### 2. AAHA Accreditation

- A. Explain how you communicate the importance of accreditation to your practice team.
- B. Describe what your practice does to explain the value of accreditation to your clients and the community.
- C. List your practice's website and social media URLs, which will be evaluated on how well they showcase your AAHA accreditation.



### **3. Photographs**

- A. The following photographs are required to evaluate how the practice's overall appearance reflects the quality/standards of an AAHA-accredited practice. Practice photos are encouraged to include team members, patients, and clients. Please upload photos during your application process. If you require technical assistance with your submission, please email us at [aaha@aaha.org](mailto:aaha@aaha.org).

The following photographs are required to evaluate how the practice's overall appearance reflects the quality/standards of an AAHA-accredited practice. Practice photos are encouraged to include team members, patients, and clients.

- Front exterior, with entry and some parking visible
- Reception area
- Exam room
- Treatment area
- Surgery suite
- Dental suite (if applicable)
- Pharmacy
- Laboratory
- Ward or hospitalization area
- Practice team (group photo only—majority of team members included; no individual photos)
- Practice sign (unless visible in front exterior view)

- B. Provide photographs and collateral materials that show the use of the current AAHA-accredited logo (use of any AAHA logo other than those pictured below will result in a reduction of points):



### **4. Practice Team**

Use the Practice Team template (page 4) to list the names, titles, and credentials of all practice team members.

### **5. Continuing Education and Training**

In 500 words or less, describe how you and your team incorporate continuing education and training into daily practice life, including specific examples of your CE sources and philosophy surrounding continuing education.

### **6. Community Service**

- A. Describe the practice's involvement in/contribution to the community in the most recent 24 months, detailing specific activities.  
B. Use the template on page 5 to list the time/money/resources donated for each community service activity in the most recent 24 months in the following categories:

- Community education and training
- Volunteerism
- Charitable donations
- In-kind veterinary services

*NOTE: These may include animal and human-related activities or causes.*

- C. Provide available supporting documentation such as screenshots of social media posts, nonprofit acknowledgement letters, pictures of sponsored events, or similar materials.

### **7. Compliance**

Choose one healthcare recommendation that you measure for compliance. Please describe how you measure compliance, and how you have improved compliance for that recommendation over time, as well as your plans for continued improvement moving forward (in 500 words or less). Please be as specific as possible.

### **8. Communication/Feedback**

- A. Explain how your practice communicates the services you provide to the veterinary community and the public (e.g., brochure, website, continuing education). Please provide sample materials.  
B. Explain how your practice solicits and responds to feedback from clients. Please provide two examples (one consisting of positive feedback and one consisting of negative feedback) and changes you have made to address negative feedback.

Examples might include, but are not limited to:

- Client comments
- Client surveys
- Focus groups

## **Templates/Tables**

Please note that you may create your own tables as long as they match the SAME format/layout as the samples provided. Template files are provided for convenience, but are not required. They are available online at [www.aaha.org/about-aaha/awards/](http://www.aaha.org/about-aaha/awards/).

# Application Cover Sheet



## Practice/Contact Information

Dr  Ms  Mr  Mx  Prefer not to say    Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Practice Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip+4/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Website URL \_\_\_\_\_

## Application Fee

An application fee of \$100 is required. Please make checks payable to AAHA.  
All non-U.S. checks and money orders must be payable through a U.S. bank or a bank maintaining a U.S. branch.

## Application Checklist

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Culture            | <input type="checkbox"/> Practice Team                     | <input type="checkbox"/> Compliance                      |
| <input type="checkbox"/> AAHA Accreditation | <input type="checkbox"/> Continuing Education and Training | <input type="checkbox"/> Communication/Feedback          |
| <input type="checkbox"/> Photographs        | <input type="checkbox"/> Community Service                 | <input type="checkbox"/> Application Fee and Cover Sheet |

## Copyright Release

*NOTE: AAHA plans to showcase the winning practices' applications (confidential information excluded) at Connexity. In addition, AAHA would be proud to include some of the ideas, quotes, pictures, etc. that were provided with your application in future promotional materials. However, we must have your permission before displaying or using anything belonging to your practice. **Please sign this Copyright Release section.***

I grant to the American Animal Hospital Association (AAHA), its representatives, and employees the right to use materials from our submission for the AAHA-Accredited Practice of the Year Awards. I authorize AAHA, its assigns, and transferees to copyright and publish the materials in print and/or electronically. This includes pictures and information submitted for the following sections: culture, AAHA accreditation, practice team training activities, community service, or other materials regarding why the practice has chosen to maintain accreditation. It does not include any confidential information from the following sections: practice team, formal continuing education and training, and compliance or communication/feedback provided with referral applications.

I agree that AAHA may use such materials for any lawful purpose, including, for example, in social media, member communications, advertising, or on the AAHA website.

## Certification

I hereby certify that all information contained in this Application is true and accurate to the best of my knowledge. I further certify that as of the date hereof, all veterinarians in the practice have a license in good standing with the applicable state/provincial veterinary licensing board.

I hereby certify that no state, provincial, or other applicable governmental agency has taken any adverse action against the Practice or any veterinarian employed by the Practice in the 10 years preceding the date hereof.

I have read and understand the above and have authority to sign on behalf of my practice.

Signature \_\_\_\_\_ Date \_\_\_\_\_

FIGURE 1

<b>PRACTICE TEAM</b>			
<i>Please list practice team members according to their primary role/position</i>			
	<b>Full Name</b>	<b>Title</b>	<b>Credentials</b>
<b>Veterinarians</b>			
<b>Credentialed Technicians</b>			
<b>Assistants</b>			
<b>Hospital/ Practice Managers</b>			
<b>Other Administrative Team Members</b>			
<b>Client Service Specialists</b>			
<b>Grooming/ Boarding/Day Care Team Members</b>			
<b>Other Team Members</b>			

FIGURE 2

COMMUNITY SERVICE ACTIVITIES				
	Activity	Date	Time Devoted (Hours)	Cost/Value (\$)
COMMUNITY EDUCATION AND TRAINING				
VOLUNTEERISM				
CHARITABLE DONATIONS				
IN-KIND				
<b>Total</b>				